

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one applicable item below)*

- ☒ original ☐ design ☐ supplemental
☐ divisional ☐ continuation ☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title Of Invention: Gels That Reduce Soot and/or Emissions from Engines

SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a), or (b))*

(a) ☒ is attached hereto and/or is identified herein by name of inventor(s), attorney docket number and title.

(b) ☐ was filed on _____ as ☐ as Serial No. _____ or Express Mail No. _____ and was amended on _____ *(if applicable)*.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number.)*

Teresan W. Gilbert, 31,360
Michael F. Esposito, 29,506
Samuel B. Laferty, 31,537

Jeffrey F. Munson, 45,705
David M. Shold, 31,664

SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION
 Patent Administrator - Mail Drop 022B
 29400 Lakeland Boulevard
 Wickliffe, Ohio 44092-2298

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

Teresan W. Gilbert
 (440) 347-5072
 E-mail: tgi@lubrizol.com

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

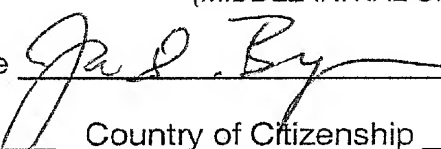
SIGNATURE(S)

Full name of sole or first inventor James D. Burrington

James
 (GIVEN NAME)

D.
 (MIDDLE INITIAL OR NAME)

Burrington
 FAMILY (OR LAST NAME)

Inventor's signature Date 6-25-03 Country of Citizenship United States of AmericaResidence 6858 Bramblewood Lane, Mayfield Village, Ohio 44143Post Office Address Mayfield Village, Ohio 44143Full name of second joint inventor, if any Herman F. George

Herman
 (GIVEN NAME)

F.
 (MIDDLE INITIAL OR NAME)

George
 FAMILY (OR LAST NAME)

Inventor's signature Date 6-25-03 Country of Citizenship United States of AmericaResidence 11840 Clarkwood Drive, Chardon, Ohio 44024Post Office Address Chardon, Ohio 44024

☐ This declaration ends with this page

Full name of third joint inventor, if any John R. Martin

<u>John</u>	<u>R.</u>	<u>Martin</u>
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)

Inventor's signature _____

Date 6/25/03 Country of Citizenship United States of AmericaResidence 6931 Bunbury Lane, Concord Township, Ohio 44077Post Office Address Concord Township, Ohio 44077Full name of fourth joint inventor, if any Ralph E. Kornbrekke

<u>Ralph</u>	<u>E.</u>	<u>Kornbrekke</u>
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)

Inventor's signature _____

Date 6/25/03 Country of Citizenship United States of AmericaResidence 8340 Tulip Lane, Chagrin Falls, Ohio 44023Post Office Address Chagrin Falls, Ohio 44023

CHECK PROPER BOXES FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

- ☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.

Number of pages added _____

* * *

☒ This declaration ends with this page